

**Site Information**

|  |  |
|--|--|
| Name of Site                             |  |
| Location/Address/Zip                     |  |
| Agency/Provider                          |  |
| Hours of Operation                       |  |
| Main Phone number                        |  |
| Alternate Phone Number                   |  |
| Command Post or EOC Number if applicable |  |
| Fax Number                               |  |
| Web Site                                 |  |
| Other Contact Information                |  |
| GPS Coordinates (Lat/Long)               |  |

**Provider Population**

|                                    |  |
|------------------------------------|--|
| Number of Employees                |  |
| Number of Family/household members |  |
| Others                             |  |

**Mass Prophylaxis Distribution and Administration Plan**

|  |     |               |            |
|--|-----|---------------|------------|
| Plan in Place?                                 | Yes | No            | Plan date? |
| Plan for Security of countermeasures           | Yes | No            |            |
| Sites designated for:                          |     | Note Location |            |
| Receipt of countermeasures                     |     |               |            |
| Storage of countermeasure                      |     |               |            |
| Distribution/Administration of countermeasures |     |               |            |

**Receipt Authority**

| Those authorized to sign for the receipt of countermeasures |                |                     |
|---|----------------|---------------------|
| Name  | Position/Title | Contact number 24/7 |
|   |                |                     |
|   |                |                     |
|   |                |                     |